

OCT. 6. 2005 3:17PM

80568

RECEIVED
CENTRAL FAX CENTER

NO. 3778

P. 4

OCT 06 2005

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/084,592
	Filing Date	February 25, 2002
	First Named Inventor	Cashman, Christopher
	Art Unit	
	Examiner Name	
	Attorney Docket Number	56510.10002

I hereby revoke all previous powers of attorney given in the above-identified application:

☐

A Power of Attorney is submitted herewith.

OR

☒

I hereby appoint the practitioners associated with the Customer Number:

27526

☒

Please change the correspondence address for the above-identified application to:

☒The address associated with
Customer Number:

27526

OR

☐Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒

Applicant/Inventor.

☐Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒

*Total of ___ forms are submitted.

KC-1332345-1 56510/10001

OCT. 6. 2005 3:17PM

8056B

NO. 3778 P. 5

Oct. 4. 2005 4:31PM

NDSU ANIMAL & RANGE SCIENCES

No. 2138 P. 2

PTO/SB/82 (03-04)

Approved for use through 11/30/2005, OMB 0651-0039

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/084,592
	Filing Date	February 25, 2002
	First Named Inventor	Cushman, Christopher
	Art Unit	
	Examiner Name	
	Attorney Docket Number	58510.10002

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27526

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

27526

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Kenneth G. Odde</i>
Name	Kenneth G. Odde
Date	10/4/05
Telephone	605-889-2399

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of ___ forms are submitted.

KC-1332345-1 56510/10001

OCT. 6. 2005 3:18PM

80568

NO. 3778 P. 6

FROM : VAN DER KAMP

FAX NO. : 3032567301

Oct. 04 2005 02:49PM P2

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0531-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCACTION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/084,592
	Filing Date	February 25, 2002
	First Named Inventor	Cashman, Christopher
	Art Unit	
	Examiner Name	
	Attorney Docket Number	56510.10002

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27526

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

27526

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Bruce Van Der Kamp

Date

10-04-2005

Telephone

303-256-7301

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of ___ forms are submitted.

KC-1332345-1 56510/10001

OCT. 6. 2005 3:16PM 80568

NO. 3778 P. 1

BLACKWELL SANDERS PEPER MARTIN
LLP

4801 Main Street, Suite 1000 Kansas City, MO 64112
P.O. Box 219777 Kansas City, MO 64121-6777
Tel (816) 983-8000 Fax (816) 983-8080
WEBSITE: www.blackwellsanders.com

RECEIVED
CENTRAL FAX CENTER

OCT 06 2005

FACSIMILE COVER SHEET

DATE: October 6, 2005

TIME: 3:05 PM

<u>RECIPIENT</u>	<u>FAX NUMBER</u>	<u>COMPANY/FIRM NAME</u>	<u>PHONE NUMBER</u>
CENTRAL FAX	(571) 273-8300	U.S. PATENT AND TRADEMARK OFFICE	

FROM: Lara Dickey Lewis

DIRECT DIAL: (816) 983-8158

DIRECT FAX: (816) 983-8080

OPERATOR: Jill Brammer

EXT. NO.: 8687

BILLING CODE: 1-1

TOTAL # OF PAGES: 6

MESSAGE:

PRIVILEGED AND CONFIDENTIAL information intended only for the use of the addressee(s) named above. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient(s), please note that any dissemination, distribution or copying of this communication is strictly prohibited. Anyone who receives this communication in error should notify us immediately by telephone and return the original message to us at the above address via the U.S. Mail.

KANSAS CITY, MISSOURI • ST. LOUIS, MISSOURI • OVERLAND PARK, KANSAS • OMAHA, NEBRASKA
SPRINGFIELD, MISSOURI • EDWARDSVILLE, ILLINOIS • WASHINGTON, D.C. • LONDON, UNITED KINGDOM

AFFILIATES: LEEDS • MANCHESTER

OCT. 6. 2005 3:16PM 80568

RECEIVED
CENTRAL FAX CENTER

NO. 3778 P. 2

OCT 06 2005

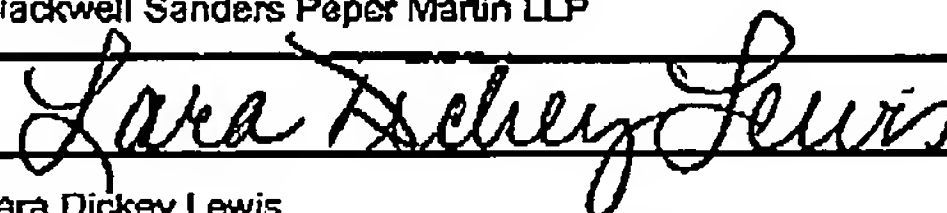
PTO/SB/21 (09-04)


Approved for use through 07/31/2008, OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/084,592	
	Filing Date	February 25, 2002	
	First Named Inventor	Cashman, Christopher	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	56510.10002

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Brackwell Sanders Peper Martin LLP		
Signature			
Printed name	Lara Dickey Lewis		
Date	10-6-05	Reg. No.	48,161

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Jill Brammer	Date	10/6/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

0/04/05 TUE 13:18 FAX 610 695 0957

PROTEZ PHARMACEUTICALS

RECEIVED
CENTRAL FAX CENTER

001

OCT 06 2005

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/084,592
	Filing Date	February 25, 2002
	First Named Inventor	Cashman, Christopher
	Art Unit	
	Examiner Name	
	Attorney Docket Number	56510.10002

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27526

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

27526

OR

☐ Firm or
Individual Name

Address

City

Country

Telephone

State

Zip

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Christopher M. Cashman

Christopher M. Cashman

October 4, 2005

Telephone

610 695 0200

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of ___ forms are submitted.

KC-1332345-1 56510/10001